



## **Durham County Health Department**

### **Application for Improvement Permit and/or Authorization to Construct**

\_\_\_ Improvement Permit (new construction) \_\_\_ Improvement Permit (repair) \_\_\_ Authorization to Construct  
(Fee Required, see page 2) (No Fees Required) (Not Transferable)

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)**

### **APPLICANT INFORMATION**

Applicant	Address	(H) _____ Home & Work Phone
	City State Zip	(W) _____
Owner	Address	(H) _____ Home & Work Phone
	City State Zip	(W) _____

### **PROPERTY INFORMATION**

Street Address \_\_\_\_\_ Subdivision Name \_\_\_\_\_ Section/Phase/Lot# \_\_\_\_\_  
PIN # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Parcel ID# \_\_\_\_\_ Tax Map No \_\_\_\_\_ Number of Acres \_\_\_\_\_

### **DEVELOPMENT INFORMATION**

- ☐ New Single Family Residence  
☐ Expansion of Existing System  
☐ Repair to Existing Subsurface Sewage Disposal System

### **RESIDENTIAL SPECIFICATIONS**

Max number of bedrooms: \_\_\_\_\_  
Max number of occupants: \_\_\_\_\_  
If expansion: Current number of bedrooms: \_\_\_\_\_

- Is a garbage disposal planned? ☐ yes ☐ no
  - Will there be any plumbing stubbed into unfinished areas of the house (such as an attic or basement)? ☐ yes ☐ no
- If yes, describe location \_\_\_\_\_

### **WATER SUPPLY**

- ☐ New well ☐ Existing Well ☐ Community Well ☐ Public Water

**Please Indicate Desired System Type(s): (systems can be ranked in order of your preference)**

\_\_\_ Conventional: \_\_\_ Accepted (list type \_\_\_\_\_): \_\_\_ Modified Conventional (list type \_\_\_\_\_):  
\_\_\_ Innovative (list type \_\_\_\_\_): \_\_\_ Alternative (list type \_\_\_\_\_): \_\_\_ Other (list type \_\_\_\_\_)

**The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.**

- ☐ yes ☐ no Does the site contain any existing wastewater systems?  
☐ yes ☐ no Does the site contain any jurisdictional wetlands?  
☐ yes ☐ no Is any wastewater going to be generated on the site other than domestic sewage?  
☐ yes ☐ no Is the site subject to approval by any other public agency?  
☐ yes ☐ no Are there any easements or right of ways on this property?

## **INSTRUCTIONS FOR APPLICATION FOR IMPROVEMENT PERMIT**

### **For New Construction**

- 1) Property lines and corner irons shall be marked on the lot prior to the evaluation.
- 2) Stake the proposed house site on the lot prior to the site evaluation.
- 3) Submit a copy of the surveyed and/or recorded plat showing:
  - a) House location - including house with garage, porch or deck if any; dimensions and distance from front property and nearest sideline.
  - b) Location and dimensions of any other building or structure (storage sheds, swimming pools, ect.)
  - c) Any local watershed buffer setback requirements that apply to the lot.
  - d) Any below and /or above ground wells and underground utilities.
  - e) Proposed location of driveway and parking areas (including dimensions).

### **For Repair Permits**

- 1) Specific property lines and corner irons may be required to be located and marked.
- 2) Field location may be required for:
  - a) Any local watershed buffer setback requirement that applies to the lot.
  - b) Any below and/or above ground wells and underground utilities.
  - c) Submit a scaled copy of the plat, if available to assist in the permitting process.

In accordance with North Carolina law, approval for construction or replacement of a septic system occurs when the Health Department issues an Improvements Permit and a Construction Authorization. The process of obtaining these permits requires a "Site and Soil Evaluation" by Health Department Environmental Health Specialists in compliance with the "Laws and Rules for Sewage Treatment and Disposal Systems" (15 NCAC 18 A .1900). Soil structure, texture, clay mineralogy, topography, landscape position, soil wetness, soil depth, restrictive horizons and available space are among the criteria considered in this evaluation. The results of this evaluation determine whether an Improvements Permit can be issued, the number of bedroom a house can have, and the location of the house and the well serving it.

Once the Improvements Permit is issued, the owner is protected for the duration of the permit from subsequent changes in the rules governing septic tank systems unless alterations are made to the property which damages the area reserved for the septic tank system installation and /or the intended use changes. If the septic system is not installed before permit expiration, the owner must re-apply for an Improvement Permit and will be subject to any new regulatory changes that may have transpired. An Improvement Permit for which a plat is provided shall be valid without expiration and an Improvement Permit for which a site plan is provided shall be valid for 60 months from the date of issue as provided in G.S. [130A-335(f) and G.S. 130A-336(a).

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#### **FEES DUE AT THE TIME OF APPLICATION FOR IMPROVEMENTS PERMIT SUBMISSION:**

##### ***THERE ARE NO FEES FOR A REPAIR PERMIT APPLICATION***

Application for Improvement Permit (0-2 acres)	\$200.00
Application for Improvement Permit (2-5 acres)	\$225.00
Application for Improvement Permit (5 + acres)	\$250.00 + \$10.00/acre of fraction there of
Appeal Charge (0-2acres)	\$100.00
Appeal Charge (2-5acres)	\$125.00
Appeal Charge (5+ acres)	\$150.00 + \$10.00/acre or fraction there of

\* Tracts of land of any size that have been previously evaluated by a licensed soil scientist with a sealed report submitted will be charged \$200.00. Only the area specified by the consultant will be evaluated.

\* Please make checks payable to **Durham County Health Department, VISA AND MASTERCARD ACCEPTED**

\* Our address is: 414 East Main Street, Durham, NC 27701 Phone 919-560-7800 Fax 919-560-7830

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance and applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

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Property owner's or owner's legal representative signature (required)

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Date